

FORUM ON AGING

Biannual Newsmagazine – Spring 2022

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GRECC



Welcome to the spring 2022 edition of [GRECC
Forum on Aging](#) newsmagazine.

I'm pleased to introduce **two new sections**:

- A feature article about Patient Priorities Care entitled Current Care Planning: Identifying Patients' Health Priorities and the Care They Want to Receive
- A NEW recurring section that will focus on the Age-Friendly Initiative

On page 4 there's an update on the efforts to enhance the geriatrics workforce through the work of the Unified Core Geriatrics Curriculum Initiative.

The research focused articles are about a partnership between the Bronx GRECC and the Mount Sinai Alzheimer's Disease Research Center to maximize research opportunities and the integration of best practices in audiology into interprofessional team huddles to enhance the quality of care for older Veterans.

This issue highlights resources about:

- **Dementia**, reviewed by the VA GRECC-Connect team of doctors, social workers, occupational therapists and nurses
- **Inclusive Language Guidelines** from APA
- **Pain Medicine**, a book written by Baltimore GRECC's Dr. Beth B. Hogans

It's all good news in the Staff News section – 6 professionals have joined the GRECC team.

Stay safe and take time to enjoy the splendors of spring,

Marianne Shaughnessy, PhD, CRNP
Director GRECC Programs

Current Care Planning: Identifying Patients' Health Priorities and the Care They Want to Receive

The more the health care team knows about What Matters most to patients, the better they can work together to make treatment decisions – the range of care choices that could be offered – that meet needs while honoring Veteran priorities.

Patient Priorities Care helps patients and health care providers focus all decision-making and health care on What Matters most: patients' own health priorities.

This type of care can work well for people who must manage multiple conditions, multiple medications and spend a lot of time seeing lots of health care professionals. Often, all that care for all those conditions can make the care these Veterans receive feel burdensome, and it may not address What Matters most to them.

Patient Priorities Care recognizes that, when faced with tradeoffs, people differ in their health outcome goals – what they want to achieve from their care, and in their care preferences – what they are willing and able to do to achieve their goals.

The Patient Priorities Care approach is meant to be a collaboration between Veterans, their caregivers and their VA clinicians.

The resources listed here can help Veterans identify their priorities, talk with their VA providers and loved ones about them and make decisions together about getting the most benefit from their health care.

- [Self-directed guide for Veterans and caregivers to identify their health priorities](#) - Guides Veterans and their caregivers through an online process to identify their health priorities, including What Matters, health outcome goals and care preferences
- [Patient summary of health priorities](#) – Provides Veterans and their families with a one-page summary of their health priorities, including The One Thing in their care or treatment a Veteran most wants to focus on so they can do more of What Matters
- [What Matters Most questionnaire](#) – like self-directed guide, this questionnaire acts like a “first conversation” to help Veterans and their caregivers rate and prioritize What Matters most to them
- [Tips for Talking with your Health Care Team about What Matters Most](#) – Offers tips for Veterans and families on talking about priorities and concerns
- [Veteran Decision Aid for Care at Home or in the Community](#) - Helps veterans think about what matters most when considering long term care choices
- [Caregiver Self-Assessment](#) - Helps caregivers review their roles and responsibilities and evaluate their stress



Age-Friendly Initiative: NEW Recurring Section

Just as older Veterans are redefining later life as they continue to enrich our communities, VA is reimagining the landscape of health care for our aging Veteran population.



The future of health care requires bold approaches that value older Veterans, address their unique needs, and provide them with the best care possible. Improving the way we care for older Veterans in every setting can help us achieve fewer avoidable hospital readmissions, better outcomes, more satisfied patients and families and lower overall costs.

That's why [VA's Office of Geriatrics and Extended Care](#) (GEC) has joined the Age-Friendly Health Systems movement – an initiative to deliver safe, reliable, high-quality health care in every setting based on what matters most to Veterans.

As part of the Age-Friendly Health Systems movement, VA is implementing a set of evidence-based practices known as the 4Ms. The 4Ms are:

- **What Matters:** Know and align care with each older Veteran's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

- **Medication:** If medication is necessary, use Age-Friendly medications that do not interfere with what matters to the older Veteran, mobility or mentation across settings of care.
- **Mentation (Mind):** Prevent, identify, treat, and manage dementia, depression and delirium across settings of care.
- **Mobility:** Ensure that older Veterans move safely every day to maintain function and do what matters.

These elements, which are practiced reliably across all settings of care, are designed to tailor care based on each Veteran's unique needs, *preferences and goals*. In March 2020, GEC set the aim for VHA to become the **largest** integrated health care system in the U.S. to be recognized by the [Institute for Healthcare Improvement](#) (IHI) as Age-Friendly.

Since then, more than 50 VA medical centers across the country have joined the movement as an official Age-Friendly Health Systems Participant. It is our hope that as we implement and continuously improve our processes, we will be able to provide more older Veterans with the care that they want, need and deserve.

If you are interested in learning more about the Age-Friendly initiative at VA, there are two short videos that can be accessed via the link below:

- *The Key Components of Age-Friendly Care* (2.5 minutes)
- *Recommendations for Making Care More Age-Friendly* (1.5 minutes)

Or, to become part of the movement, visit: marketplace.va.gov/innovations/age-friendly-health-systems.

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Unified Core Geriatrics Curriculum Initiative

As you have read in the new Age-Friendly section in this issue of the Forum on Aging (see page 3), GRECCs across the nation are helping to lead the charge toward achieving VACO's goal of having the VHA become the largest Age-Friendly Health Care System in the United States. Part of achieving Age-Friendly status is to enhance the geriatric workforce.

For more than 40 years, GRECC has partnered with the [Office of Academic Affiliations](#) (OAA) to support trainees in acquiring geriatrics education and experience, across the Associated Health Professions. Developing this workforce is foundational to the Age-Friendly movement and includes:

- Audiology
- Chaplainry
- Occupational therapy
- Optometry
- Pharmacy
- Physical therapy
- Podiatry
- Psychology
- Social work
- Speech pathology

Under the direct leadership of GRECC VACO Director, Dr. Marianne Shaughnessy, a workgroup among the Associated Directors of Education and Evaluation was formed in Fall 2021. Their mission? To develop a unified core geriatrics curriculum based directly on the 4 Ms of Aging: Mobility, Mentation, Medications and What Matters.

Progress to date includes multiple brainstorming sessions to identify topics more and less critical for the care of aging Veterans, to identify a variety of learning modalities appropriate across professions and to encourage flexibility among

delivery of geriatrics education to meet learner's and programmatic needs.

Trainees are on rotations/placements of varying time durations and have many logistical factors that can preclude traditional didactic education delivery. In fact, emphasis was given to promoting innovative graduate level learning practices and case-based learning. Virtual, in-person and hybrid education models are in development.



Sub-workgroups, centered around each of the 4 Ms, held roundtable meetings with stakeholders from the Associated Health disciplines who are stationed across the country. The results of this process provided support for many already identified areas of critical didactic knowledge, but also more clearly identified other topics specific to our Veteran population such as military culture and how it has shifted across generations, as well as diversity and equity issues important to address for older Veterans. Decisions on how to provide education directly targeted to fight agism and to deconstruct and reverse provider unconscious bias are also being incorporated. Next steps include careful review of existing education offerings to meet the needs identified and to develop new offerings when necessary, with an implementation goal of the 2023/24 training year. Stay tuned for more information on this endeavor and its dissemination across GRECC facilities.

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James J. Peters (Bronx) VA GRECC and Mount Sinai Alzheimer's Disease Research Center Maximize Research Opportunities in Alzheimer's Disease and Related Dementias for Veterans and VA researchers

The James J Peters (JJP) VAMC and its affiliate, Icahn School of Medicine at Mount Sinai (ISMMS) in New York City, have been expanding opportunities for Veterans and investigators to get involved in research to improve our understanding, diagnosis and treatment of Alzheimer's Disease and Related Dementias (ADRD).



The JJPVAMC Geriatrics Research, Education, and Clinical Center (GRECC), led by Dr. Kenneth Boockvar, Acting Director, has a long history of conducting cutting edge research on serious illness and palliative care in older Veterans.

The JJPVAMC is also the site of one of the first Alzheimer's disease Research Centers (ADRCs), which is led by Dr. Mary Sano; the ADRC conducted the first clinical trials leading to approved medications for Alzheimer's disease. Over the last 2 years the [GRECC and ADRC partnered to expand research opportunities for Veterans and investigators with NIA support.](#)

Through a supplement provided to the ADRC, Dr. Sano assembled a team that has used the resources at both the VA and the affiliate to create new opportunities for Veterans to join the ADRC. The Clinical Core of the ADRC offers extensive cognitive and clinical assessments to participants, including the collection of biomarkers such as brain imaging, blood-based biomarkers and genetics. Participants include older persons with interest in cognitive research as well as those with Mild Cognitive Impairment and dementia. All participants join with a study partner and are provided educational opportunities on topics such as brain health, access to social services and opportunities to join clinical trials. Data from most studies is shared and researchers at the VA can request access to data across all modalities.

The NIA grant also supported the creation of a JJPVAMC Veteran and Caregiver Research Council led by Dr. Abigail Baim-Lance, GRECC investigator. This Council included older Veterans who receive care at the VA and family members who care for Veterans. Council members reviewed the research proposals of investigators working in ADRD and advised on the best messages to share with Veterans to maximize their willingness to engage. For example, Veterans suggested how to tailor communication to be receptive to an older audience (e.g., use of telephone rather than email), and outreach to under-represented groups to increase diverse involvement (e.g., through women's health and the larger service organization network). Council members also offered practical input around their priorities, which influenced the direction of some of the presented studies. They also expressed wanting greater access to information about research for all Veterans to improve health decision-making and management.

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Dr. Boockvar shared his experiences using the Bronx Regional Health Information Organization (RHIO), a health information exchange in which the JJPVAMC is a member, to identify Veterans who may also receive care in the community. The team reasoned individuals who seek care in multiple locations might be particularly interested in cutting edge research opportunities. GRECC investigator and ADRC Data Core Lead, Dr. Carolyn Zhu, organized this novel data source to recruit patients.

Through administrative collaborations across multiple institutions the team was able to reach out by mail and phone to contact to over 1,000 Veterans living in the area to participate in a longitudinal observational study or other research studies for cognitive deficits and dementia at the ADRC. Through both in-person and remote research encounters we were able to add nearly 100 Veterans to the ADRC Registry and 20 fully enrolled participants to the ADRC.

Other collaborations include providing support and mentorship to young investigators who are eager to use both VA and NIA research funding opportunities. VA mentorship in health services can be provided in part by Dr. Zhu, a health science researcher and health economist who works both at ISMMS and at the GRECC and has experience with both VA data and CMS data sets ([see example publication](#)). This can be combined with the expertise of clinical phenotyping in mild cognitive impairment and dementia offered by Dr. Sano and her ADRC team of investigators, to develop new methods of capturing Veterans previously undetected with ADRC using administrative data. When asked about the elements needed to support this type of research growth, Dr. Sano, who is also the Associate Chief of Staff for Research and Development (R&D) at the JJPVAMC,

commented on the need to work with the R&D office both locally and centrally to be sure to identify new opportunities. Strong networking with Center leaders such as the GRECC and MIRECC can help create new collaborations.

Other recent funding opportunities to maximize VA NIA collaborations to support Alzheimer's disease research include interest in the consequence of pain, trauma and head injury on the clinical course of ADRC. These themes, which have been studied by VA researchers for years, are ripe to make important contributions to our knowledge of dementia.

We have also leveraged the interest of NIA-supported centers such as the [Mount Sinai Pepper Center](#), which is led by GRECC investigators Drs. Albert Siu and Sean Morrison and is co-located at the VA and the academic affiliate. GRECC investigators have received NIA and foundation funding linked to the Pepper Center to study antihypertensive treatment in VA and non-VA nursing home residents with dementia. Finally, Dr. Morrison leads, along with Dr. Boockvar and others, an NIA program project grant to deploy large population-based data in dementia research (DEVELOP AD).



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GRECC Location: Bronx, NY

Integrating Audiology Best Practices into Interprofessional Team Huddles and Care of Older Veterans

[Tinnitus and hearing loss are the two most prevalent disabilities reported among Veterans receiving VA benefits.](#) Hearing loss causes, contributes to or exacerbates communication challenges, social isolation, anger, frustration, fatigue and cognitive decline.

An estimated 80% of the general population over 80 years of age have some degree of hearing loss, with the prevalence expected to be even higher among Veterans. Yet, in a local needs assessment conducted by the VA Eastern Colorado GRECC, 84% of resident and geriatric medicine fellow respondents ($n=31$) reported having received no audiology-specific training as part of their education/professional preparation.

To increase access to training in audiology and the integration of audiology best practices into routine care of older Veterans, the VA Eastern Colorado GRECC health professions training program developed a clinical demonstration project that utilized a multi-pronged approach:

- **Weekly interprofessional team huddles:** GRECC-supported audiology externs review patient charts and make recommendations before Geriatric Medicine Fellows see patients. Work-up includes:
 - Hearing loss comorbidities
 - When last audiology visit took place
 - Recommendation to follow up with audiology when indicated
- Hearing loss specific problems to be on the lookout for, such as:
 - Very severe loss impacting ability to communicate
 - History of losing hearing aids
 - History of occluded ear canals indicating need to do an otoscopic exam.
- **Delivery of case-based education** as part of GRECC didactic offerings – primarily, monthly Interprofessional Case Conferences and Friday Educational Conferences (all audiology externs have opportunities to present).
- **Direct clinical observations** of Geriatric Medicine Fellows during clinical visits guided by a standardized observational protocol. Externs provide Geriatric Medicine Fellows **with specific feedback** following 3 sets of observations at the beginning and toward the end of their fellowship, noting themes across a given fellow's set of observations
- **Structural supports** include **assistive listening devices** for patient use in Geriatric specialty clinics and select primary care clinics. Pocket talkers effectively amplify voices to facilitate communication between providers and patients when the Veteran has a hearing loss. The pocket talker is comprised of a headset and hand-held device that allows the Veteran to increase or decrease the volume as needed. Pocket talkers are a cue to action for providers to ask about hearing health concerns. Devices have disposable headset covers for continued and frequent use and are located near printed materials that feature the universal symbol for hearing loss.

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Evaluation: To assess the collective impact of these experiences on trainees'/fellows' confidence and application of audiology best practices, we used a post-retrospective-pre-self-assessment. Results are presented below.

To determine if there was a statistically significant difference before and after participation in the training program in the self-reported frequency of performing each audiology best practice, a non-parametric test (Wilcoxon signed ranks) was performed.

A significant increase was found in all but one audiology best practice with effect sizes¹ larger than is typically found in the field of education and behavioral sciences.²

¹ The effect size indicates the magnitude of the treatment effect and is independent of sample size.

²Morgan GA, Leech NL, Gloeckner GW, Barrett, KC. (2007). *SPSS for introductory statistics: Use and interpretation*. Mahwah, NJ: Lawrence Erlbaum.

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GRECC Location: Eastern Colorado
Authors: Kathryn Nearing, PhD and Steven Huart, Au

**How often did you/do you demonstrate the following practices,
before and after the training program? (n= 9)**

Audiology best practices	Before the training program ...						After the training program ...					
	Never	Some times	About half the time	Most of the time	At every visit	Mean (Std Dev)	Never	Some times	About half the time	Most of the time	At every visit	Mean (Std Dev)
Adjust my distance to the patient if (s)he is experiencing difficulty hearing	0	3	5	0	1	2.89 (0.87)	0	0	1	5	3	4.22 (0.63)
Articulate clearly	0	1	4	2	2	3.56 (0.96)	0	0	0	3	6	4.67 (0.47)
Speak slowly	0	4	1	2	2	3.22 (1.23)	0	0	0	5	4	4.44 (0.50)
Adjust volume of my speech without shouting	0	4	3	1	1	2.89 (0.99)	0	0	2	4	3	4.11 (0.74)
Ask open-ended questions about hearing loss	4	4	1	0	0	1.67 (0.67)	0	2	4	2	1	3.22 (0.92)
Rephrase to clarify instead of repeating the same word	0	2	4	1	2	3.33 (1.05)	0	0	4	2	3	3.89 (0.87)
Maintain eye contact	0	0	1	5	3	4.22 (0.63)	0	0	0	3	6	4.67 (0.47)
Minimize visual distractions (e.g., hand gestures)	1	8	0	0	0	1.89 (0.31)	1	0	3	5	0	3.33 (0.94)

Clinician Reviewed VA and Non-VA Resources for Families Caring for Veterans with Dementia



The VA GRECC-Connect team of doctors, social workers, occupational therapists and nurses reviewed over 100 online [dementia resources](#) and selected options available to assist and support people with dementia and their families.

The GRECC-Connect team took care in choosing the most informative and easy-to-use resources in varied formats. The resources suggested are organized by topic and available for viewing online. Many resources can be printed directly from the pdf, or the direct link shared via email or chat.

- [Clinician Reviewed VA and Non-VA Resources for Families Caring for Veterans with Dementia](#)
- [1Dementia Overview](#)
- [2Daily Activities](#)
- [3Behavior Changes](#)
- [4Safety](#)
- [5Caregivers' Self Care and Support](#)
- [6Brain Health](#)
- [7Telehealth and Technology](#)

- [8COVID-19 and Dementia Care](#)
- [9Comprehensive Dementia Care Guides](#)
- [10Additional Websites](#)
- [11Content Experts](#)
- [12Terms of Use](#)

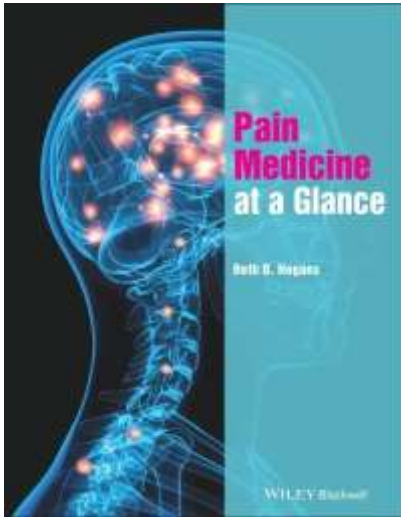
NEW Resource: Inclusive Language Guidelines from American Psychological Association

Maysa Akbar, PhD, ABPP, APA Chief Diversity Officer, in the foreword for [Equity, Diversity, and Inclusion: Inclusive Language Guidelines](#), says: *...APA is systematically and institutionally examining, acknowledging, and charting a path forward to address its role in racism and other forms of destructive social hierarchies including, but not limited to, sexism, ableism, ageism, heterosexism, classism, and religious bigotry... As we strive to further infuse principles of equity, diversity, and inclusion (EDI) into the fabric of society, those committed to effecting change must acknowledge language as a powerful tool that can draw us closer together or drive us further apart. Simply put, words matter... These guidelines aim to raise awareness, guide learning, and support the use of culturally sensitive terms and phrases...*



Pain Medicine at a Glance

Kudos to GRECC's own [Dr. Beth B. Hogans](#) on the publication of *Pain Medicine at a Glance* in November 2021.



From the publisher, Wiley Blackwell: The market-leading at a Glance series is popular among healthcare students and newly qualified practitioners for its concise, simple approach and excellent illustrations.

Each bite-sized chapter is covered in a double-page spread with clear, easy-to-follow diagrams, supported by succinct explanatory text.

Pain Medicine at a Glance is a user-friendly, visual introduction to the impact of pain in various clinical care settings, focusing on primary care needs. Aligned with learning objectives developed by the Johns Hopkins School of Medicine, this authoritative guide covers the basic forms and pathophysiology of pain, the clinical skills necessary for delivering excellent care, pharmacological and non-pharmacological treatments, and a variety of special cases such as healthcare ethics, integrative care, and treatment planning for chronic pain self-management therapy and the management of pain in children and older adults.

A new addition to the market-leading at a Glance series, the text offers concise and accessible chapters, full-color illustrations, self-assessment questions, and easy-to-follow

diagrams. Topics include pain assessment, cognitive factors that influence pain, applying behavioral perspectives on pain, managing opioids and other pharmacological therapies, treating acute pain in patients with substance abuse issues, and more.

GRECC Location: Baltimore

Staff Updates

New England GRECC Enhances its Interprofessional Team

The New England GRECC, which includes sites in Bedford and Boston, has expanded in recent months, enhancing its strongly interprofessional composition. The Bedford division recently hired four new core staff who are from occupational therapy, pharmacy and medicine. Three of these individuals were former GRECC trainees.

- **Megan Gately, PhD, OTD, OT**, is an occupational therapist clinician interprofessional educator clinically trained at the Bedford GRECC. Her research includes studying implementation of tele-occupational therapy to serve older, rural Veterans.
- **Chelsea Hawley, PharmD, MPH**, is a geriatric pharmacist who recently completed a GRECC Advanced Fellowship in Geriatrics. Dr. Hawley's expertise runs the gamut from appropriate medication management for older adults to frailty to interprofessional education. She also leads the annual NE-GRECC interprofessional symposium for trainees at VA Bedford and Boston.

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- **Meaghan Kennedy, MD, MPH**, is a primary care physician and researcher. Her work focuses on supporting independence among older Veterans living at home, particularly in rural communities, as well as integrating care for social determinants of health into healthcare settings.
- **Katie Dawson, MD**, is a geriatric medicine physician and educator trained as a GRECC Advanced Fellow in Geriatric Medical Education. In addition to studying the landscape of geriatrics education for medical students, Dr. Dawson has taken on a new role as Medical Director of the VA Bedford Interprofessional Geriatrics Consult Clinic. This clinic is anchored in the [Patient Priorities Care model](#) and aligned with the [Age-Friendly Health Systems Initiative](#).

The Boston division also proudly announces:

- **Andrea Wershof Schwartz, MD, MPH**, is the Associate Director for Clinical Innovation. Dr. Schwartz is a national leader in the Age-Friendly Health Systems Initiative and Medical Director of the Geriatrics Clinic at VA Boston. She directs the Aging and End of Life Theme at Harvard Medical School and is the Associate Program Director of the Harvard Multicampus Geriatrics Fellowship.
- **Ashley Ribeiro** is the Administrative Officer. Ms. Ribeiro's background includes over 10 years of administrative experience at the VABHS, a bachelor's degree in Criminal Justice and certification as a Nursing Assistant with experience in caring for older adults.

www.va.gov/GRECC

SUBMIT TO FORUM ON AGING

We welcome submissions from GRECCs for this newsmagazine, including:

- Updates and results about research, education and evaluation efforts and clinical innovations
- Notices of awards, grants, training opportunities
- Staff news
- Photos or images to accompany your submission

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